SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:32

DOCUMENT # N05765 (5)

1. Corporation Name
ESSINGTON INDUSTRIAL CONDOMINUIM, INC.

Principal Place of Business	Mailing Address
8195 N.W. 67TH ST. MIAMI FL 33166	8195 N.W. 67TH ST. MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1984
3a. Date of Last Report: 08/10/1994
4. FEI Number: 59-2728655 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Essington Industrial	26 Essington Industrial
Suite, Apt. #, etc. 22 8061 NW. 67st.	Suite, Apt. #, etc. 27 8061 NW. 67st
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33166 Country 25	Zip 29 33166 Country 30

9. Name and Address of Current Registered Agent

DEL RIO, LUIS CARLOS
8195 N.W. 67TH ST.
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: Luis C. Del Rio
82 Street Address (P.O. Box Number is Not Acceptable)
83: 8061 NW. 67st.
84 City: Miami FL 85 Zip Code: 33166

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	GOMEZ, LUISA	12 NAME		
STREET ADDRESS	12310 SW 95 TERR	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE	SD	☑ Change ☐ Addition
NAME	DEL RIO, LUIS	22 NAME	Del Rio, Luis	
STREET ADDRESS	8195 NW 67TH ST.	23 STREET ADDRESS	8061 NW. 67st.	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, FL 33166	
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	DEL VENTO, SERGIO	32 NAME		
STREET ADDRESS	8051 NW 67TH ST.	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Luis C. Del Rio, Secretary 6/15/95 (305) 591-8208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000015